

**PUBLIC EMPLOYMENT RELATIONS COMMISSION**

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PETITION FOR INVESTIGATION OF QUESTION CONCERNING REPRESENTATION☐ Amended Petition in Case _____

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PUBLIC EMPLOYMENT
RELATIONS COMMISSIONInstructions: www.perc.wa.gov/Forms/E-1-inst.pdf Applicable Rules: Chapters 10-08, 391-08 and 391-25 WAC.**1. PARTIES** The petitioner claims that a question concerning representation exists involving certain employees of the employer named below.**EMPLOYER** University of Washington**CONTACT PERSON** Lou Pisano**ADDRESS** 1320 NE Campus Parkway

Box 354555

CITY, STATE, ZIP Seattle, WA 98105-6707**TELEPHONE** (206) 543-6236 ext. _____**FAX** (206) 616-1081**E-MAIL** _____**ATTORNEY OR REPRESENTATIVE** _____**ADDRESS** _____**CITY, STATE, ZIP** _____**TELEPHONE** _____ ext. _____**FAX** _____**E-MAIL** _____**PETITIONER** Harborview Medical Center Bargaining Unit**CONTACT PERSON** Bob LaDou**ADDRESS** 8229 E. B Street**CITY, STATE, ZIP** Tacoma, WA 98404**TELEPHONE** (253) 222-3546 ext. _____**FAX** _____**E-MAIL** luvchikn@gmail.com**ATTORNEY OR REPRESENTATIVE** Beth Terrell**ADDRESS** 3600 Fremont Ave. North**CITY, STATE, ZIP** Seattle, WA 98103**TELEPHONE** (206) 816-6603 ext. _____**FAX** (206) 350-3528**E-MAIL** bterrell@tmdlegal.com**INCUMBENT BARGAINING REPRESENTATIVE** Indicate one.

- ☐ The parties are not currently represented for bargaining; OR
- ☒ The employees involved are currently represented by the organization below:

ORGANIZATION The Washington Federation of State Employees**CONTACT PERSON** Phyllis Naiad**ADDRESS** 444 N.E. Ravenna Blvd., Suite 108**CITY, STATE, ZIP** Seattle, WA 98115-6467**TELEPHONE** (206) 525-5363 ext. _____**FAX** (206) 525-5366**E-MAIL** _____**ATTORNEY OR REPRESENTATIVE** _____**ADDRESS** _____**CITY, STATE, ZIP** _____**TELEPHONE** _____ ext. _____**FAX** _____**E-MAIL** _____**2. DESIGNATION OF REQUEST** Indicate one.☐ **RECOGNITION REQUEST** The petitioner requests certification as exclusive representative of the bargaining unit.☐ **CHANGE OF REPRESENTATIVE** The employees in the bargaining unit desire to designate the petitioner as their exclusive bargaining representative.☒ **DECERTIFICATION** The employees in the bargaining unit no longer wish to be represented by any employee organization.☐ **EMPLOYER PETITION - DEMAND FOR RECOGNITION** The employer has been presented with one or more demands for recognition (per attached documentation) and requests a determination by the Commission.☐ **EMPLOYER PETITION - INCUMBENCY QUESTIONED** The employer has a good faith belief (per attached documentation) that a majority of employees no longer desire to representation by the incumbent bargaining representative.**4. OTHER RELEVANT FACTS** Indicate one.☒ Additional information is set forth on separate sheets of paper attached to this petition.**5. SHOWING OF INTEREST**

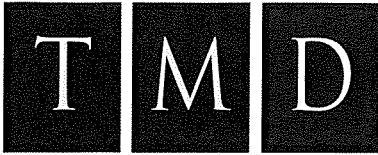
A petition filed by an organization or employees must be accompanied by a showing of interest indicating that the petitioner has the support of 30% or more of the employees in the bargaining unit.

3. BARGAINING UNIT**EMPLOYER'S PRINCIPAL BUSINESS****DEPARTMENT OR DIVISION INVOLVED**

University

Multi-Department

COLLECTIVE BARGAINING AGREEMENT Indicate one.☐ The parties have never had a contract; OR☒ A copy of the parties' current (or most recent) collective bargaining agreement is attached.**NUMBER OF EMPLOYEES IN UNIT** 900+**DESCRIPTION** Indicate inclusions, exclusions, contract page or case/decision number.
All laboratory technicians.**6. AUTHORIZED SIGNATURE FOR PETITIONER****PRINT NAME** BETH TERRELL **TITLE** Attorney**SIGNATURE** **DATE** 4/9/09



ATTORNEYS & COUNSELORS

TERRELL
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PUBLIC EMPLOYEE
RELATIONS COMMISSION

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Iris Tilley
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Our file No. 4754-001

April 9, 2009

Via USPS

Public Employee Relation's Commission
PO Box 40919
Olympia, WA 98504-0919

Re: Form E-1 Filing

To Whom It May Concern,

Attached to this letter please find the following materials in support of our clients' petition for decertification:

1. A completed E-1 Form;
2. A copy of the Collective Bargaining Agreement by and between Board of Regents of the University of Washington and the Washington Federation of State Employees;
3. A declaration signed by the Specimen Processing Technicians employed by Harborview Medical Center; and
4. Showing of interest letters signed by Specimen Processing Technicians employed by Harborview Medical Center.

Very truly yours,

TERRELL MARSHALL & DAUDT PLLC


Iris Tilley

Cc: Bob LaDou (via email only)